

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009481

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 22

FILED VS MAR 15 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JEFFERSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC TOWNSHIP	a. STATE MO	b. COUNTY JEFFERSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OWN HOME CATAWISSA BR #1		c. CITY OR TOWN CATAWISSA MO	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS RR #1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First JOSEPH	Middle W.	Last REED	Month 3	Day 1	Year 1961	

5. SEX M.	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY HOME BUILDING	11. BIRTHPLACE (City and state or country) GERMAN - MO	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JOHN REED	13b. MOTHER'S MAIDEN NAME EFFIE LEFFLER	14. NAME OF HUSBAND OR WIFE BERTHA KOMMER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs Bertha Reed	Address Catawissa RR #1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 years
IMMEDIATE CAUSE (a)	Cardiac Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	General Debility	
DUE TO (b)	Prophylactic Disease	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from June 5, 1958 to Feb 1, 61 and last saw him alive on Feb 1, 1961
Death occurred at March 1 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. H. Michael M.D.</i>	(Degree or title)	22b. ADDRESS 109 N. Wall Street Mo	22c. DATE SIGNED 3/4/61
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23a. BURIAL (Specify) REMOVAL (Specify) BURIAL	23b. DATE 3/4/61	23c. NAME OF CEMETERY OR CREMATORY ST MARTINS CEMETERY	23d. LOCATION (City, town, or county) (State) DITTMER MO
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24. FUNERAL DIRECTOR BRIMMER FUNERAL HOME	ADDRESS HOUSE SPRING - MO	25. DATE RECD. BY LOCAL REG. 3-4-61	26. REGISTRAR'S SIGNATURE <i>Robert E Bauer</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 7 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Berkwood 22

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.